

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395912	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/09/2023
NAME OF PROVIDER OR SUPPLIER: SUBURBAN WOODS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 DEKALB PIKE NORRISTOWN, PA 19401		
STATE LICENSE NUMBER: 044002					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0689 SS=G	<p>Based on an Abbreviated Survey in response to a reportable event completed May 9, 2023, it was determined that Suburban Woods Health and Rehabilitation Center was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0689	Past noncompliance: no plan of correction required.	<p>Completion Date: 05/30/2023 Status: APPROVED Date: 05/30/2023</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0689 SS=G	<p>Continued from page 2</p> <p>Based on review of facility documentation, review of clinical records, and interviews with staff, it was determined that the facility failed to ensure that a resident received adequate supervision during care for one of five residents reviewed (Resident R1). This failure resulted in actual harm to Resident R1 who fell out of bed during care and sustained a 3 centimeter (cm) by 1.5 cm laceration to middle of forehead requiring three sutures. This deficiency was identified as past non-compliance.</p> <p>Findings Include:</p> <p>Review of Resident R1's Quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated March 21, 2023, revealed that the resident was admitted to the facility on March 30, 2018, and had diagnoses of traumatic brain injury, need for assistance with personal care, cognitive communication deficit, history of falling, ataxic gait (presence of abnormal, uncoordinated movements), and muscle weakness. Continued review of the MDS assessment revealed the resident</p>	F 0689			

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F 0689 SS=G	<p>Continued from page 3</p> <p>had severe cognitive impairment.</p> <p>Further review of the MDS revealed the resident was frequently incontinent of bladder, always incontinent of bowel and required extensive, two-person physical assistance from staff for bed mobility and one-person physical assistance for personal hygiene.</p> <p>Review of Resident R1's care plan revised November 19, 2021, revealed the resident had an activities of daily living self-care performance deficit related to dementia (impaired ability to remember, think, or make decisions that interferes with daily life) and limited mobility. Interventions included for staff to provide assist of two staff for bed mobility.</p> <p>Continued review of Resident R1's care plan revised February 19, 2023, revealed the resident was at risk for falls related to history of falls and lack of coordination. Interventions included bed in lowest position and staff will monitor resident for safety during activities of daily living.</p>	F 0689			

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F 0689 SS=G	<p>Continued from page 4</p> <p>Review of Resident R1's clinical record revealed an assessment dated February 19, 2023, by Nurse Practitioner, Employee E6, that indicated Resident R1 had an unwitnessed fall from bed on February 18, 2023 and sustained a laceration to his right scalp.</p> <p>Continued review of Resident R1's clinical record revealed a progress note by Licensed Nurse, Employee E7, dated March 1, 2023, that indicated the resident was found on the floor, in dining room, beside his wheelchair.</p> <p>Review of interdisciplinary team meeting note dated March 3, 2023, by Assistant Director of Nursing, Employee E3, revealed Resident R1's fall on March 1, 2023, was unwitnessed and the resident stated he was trying to walk. Upon assessment, Resident R1 was noted with a bruise and cut to forehead.</p> <p>Review of facility documentation submitted to the Department of Health on April 27, 2023, revealed</p>	F 0689			

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F 0689 SS=G	Continued from page 5 that on April 27, 2023, Resident R1 sustained a fall out of bed while receiving morning care from nurse aide, Employee E4. Resident R1 sustained a laceration to his forehead and a skin tear to his elbow and was subsequently transferred to the hospital for evaluation. Resident R1 returned from the hospital with three sutures to his forehead laceration. Review of facility investigation documentation related to the incident revealed a written statement by nurse aide, Employee E4, dated April 27, 2023, which stated "was getting ready to do [Resident R1's] care, was in the resident's closet getting his belongings when the resident rolled onto the floor ... the bed was four feet high". Continued review of facility investigation revealed a written statement by Registered Nurse, Employee E5, dated April 27, 2023, which stated "nursing aide [Employee E4] informed writer resident had rolled from the bed to the floor as aide was about to give resident care ... resident was found on the left	F 0689			

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F 0689 SS=G	Continued from page 6 side of the bed on his face. On the floor was a pool of blood. On resident forehead was a 3 cm by 1.5 cm laceration bleeding profusely ... According to aide she tried to catch resident but couldn't". Review of hospital records dated April 27, 2023, revealed Resident R1 was treated with sutures to laceration of head. Interview on May 9, 2023, at 12:00 p.m. with Nursing Home Administrator, Employee E1, and Director of Nursing, Employee E2 confirmed Resident R1 was care planned for bed mobility assist of two-person physical assist. Further interview confirmed the nurse aide, Employee E4, raised Resident R1's bed to waist height and proceeded to turn around to gather supplies out of the closet, leaving the resident unattended with the bed elevated. Interview with Nurse Aide, Employee E4, on May 9, 2023, at 12:50 p.m. revealed the nurse aide entered Resident R1's room to provide care. Nurse	F 0689			

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F 0689 SS=G	<p>Continued from page 7</p> <p>aide, Employee E4, stated she raised the bed to waist height and turned away from the resident to gather care supplies from the closet. Nurse aide, Employee E4, reported she witnessed the resident roll out of bed but was unable to prevent the fall and that it "all happened so fast".</p> <p>Review of nurse aide, Employee E4's personnel file revealed that she was hired by the facility as a nurse aide, on June 26, 2013. Review of competencies and trainings revealed that nurse aide, Employee E4, received training for "Resident Handling and Proper Body Mechanics" on October 23, 2019. Continued review revealed nurse aide, Employee E4, received training for "Preventing, Recognizing, and Reporting Abuse" on February 6, 2022, and training on "Accident Prevention and Management" on September 16, 2022.</p> <p>On April 27, 2023, following the incident, the facility immediately implemented the following corrective actions:</p>	F 0689			

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F 0689 SS=G	Continued from page 8 -Resident R1 was immediately assessed by the Registered Nurse and first aid was provided. -Resident R1's Nurse Practitioner and Responsible Party was made aware who requested the resident be sent to the emergency room for evaluation. -On 4/27/2023 the facility completed an unusual occurrence report. -On 4/27/2023 the nurse aide that was providing care was suspended pending investigation. -To identify other like residents, on 4/27/2023 the Director of Nursing/Designee completed a house-wide audit of residents Kardex [communication tool used in the electronic medical record to communicate resident information and needs] and care plans to ensure they were reflective of resident current status for bed mobility and that they match. MDS assessments were reviewed as well to verify bed mobility or if there had been any	F 0689			

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F 0689 SS=G	<p>Continued from page 9</p> <p>changes since last assessment. Negative findings were corrected. Therapy referrals as needed.</p> <p>-To prevent this from recurring, the Assistant Director of Nursing/designee provided education to nursing staff starting on 4/27/2023 and completed education on 4/28/2023 to:</p> <ol style="list-style-type: none"> 1. Follow Kardex to ensure proper assistance is being provided - if not followed would be neglect. 2. Ensure that you have all items for care at bedside prior to initiating care <p>-Newly hired staff will be educated on following a resident's care plan on care.</p> <p>-Nurse aide [Employee E4] received "Resident Handling & Proper Body Mechanics Training" on May 1, 2023, conducted by the therapy department.</p> <p>-To monitor and maintain ongoing compliance the</p>	F 0689			

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F 0689 SS=G	Continued from page 10 Director of Nursing/Designee will interview 5 residents weekly x4 then monthly x2 to ensure staff is providing bed mobility assistance per the plan of care. -The Director of Nursing/Designee will conduct observations of 5 nurse aides when providing care weekly x4 then monthly x2 to ensure bed mobility is provided per plan of care. -The Director of Nursing/Designee will review care documentation for 5 residents weekly x4 then monthly x2 to validate staff is documenting assistance per plan of care (non-interviewable) - An Ad Hoc QAPI [Quality Assurance and Performance Improvement] meeting was held on 4/27/2023 with interdisciplinary team. Medical Director was notified. -The results of audits will be forwarded to the facility QAPI committee for further review and recommendations.	F 0689			

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F 0689 SS=G	Continued from page 11 Interviews with nursing staff on May 9, 2023, confirmed that they had all been in-serviced on reviewing and following the resident Kardex to ensure proper assistance is being provided with care. Nursing staff also confirmed they were in-serviced on making sure all care items are available at bedside and within reach prior to initiating resident care to ensure adequate supervision. This deficiency was identified as past non-compliance. 483.13 Resident behavior and facility practices 10-1-1998 edition 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(b)(1) Management 28 Pa Code 201.29(c) Resident rights	F 0689			

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Certified End Page

SUBURBAN WOODS HEALTH & REHABILITATION CENTER

STATE LICENSE NUMBER: 044002

SURVEY EXIT DATE: 05/09/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY